## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Big Island Substance Abuse Council (BISAC)	CHAPTER 98	
Address: 136 Laukona Street, Hilo, Hawaii 96720	Inspection Date: November 19, 2020 & December 18, 2020 – Annual	

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

\$11-98-10 Minimum standards for licensure; administrative and organizational plan. (c)   Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:    FINDINGS   Big Island Substance Abuse Council Policy and Procedures entitled "Medication Procedures - Peer Specialist" read, "#4 The Client Medication record will consist of:   a. The client's name   b. Date of prescription   c. Physicians name   d. Type of medication   e. Dosage   f. Time schedule for client to take medication   e. Dosage   f. Time schedule for client to take medication   g. Specific instructions given by the physican."   Resident #1 - physician order dated November 17, 2020   read, "Trazodone 50 mg qRS." Prescription bottle label indicated medication was filled on November 17, 2020   However, medication was not listed on the November 2020 medication record.    Correcting the deficiency   after-the-fact is not   practical/appropriate. For   this deficiency, only a future   plan is required.	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:  FINDINGS  Big Island Substance Abuse Council Policy and Procedures entitled "Medication Procedures – Peer Specialist" read, "#4 The Client Medication record will consist of:  a. The client's name  b. Date of prescription  c. Physicians name  d. Type of medication  e. Dosage  f. Time schedule for client to take medication  g. Specific instructions given by the physican."  Resident #1 – physician order dated November 17, 2020  read, "Trazodone 50 mg qHS." Prescription bottle label indicated medication was filled on November 17, 2020.  However, medication was not listed on the November 2020	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-98-10 Minimum standards for licensure; administrativand organizational plan. (e) Each facility shall develop written policies and procedures and criteria governing its management and operations. These shall include but are not limited to the following:  FINDINGS Big Island Substance Abuse Council Policy and Procedure entitled "Medication Procedures – Peer Specialist" read, "The Client Medication record will consist of:  a. The client's name b. Date of prescription c. Physicians name d. Type of medication e. Dosage f. Time schedule for client to take medication g. Specific instructions given by the physican." Resident #1 – physician order dated November 17, 2020 read, "Trazodone 50 mg qHS." Prescription bottle label indicated medication was filled on November 17, 2020. However, medication was not listed on the November 202 medication record.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Staff will follow medication charting procedures and log all physician ordered medications, including all directions for administration on the MAR form.  TLP staff will conduct (they have already started) weekly reviews of MAR forms for all clients within their TLP, identifying and correcting any deficiencies to ensure accuracy.	1/1/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-98-12 Minimum standards for licensure; services. (2) Individual records shall be kept on each resident which contain the following:  A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;  FINDINGS  Resident #1, admitted on October 22, 2020, tuberculosis (TB) skin test completed on December 4, 2020.  Resident #2, admitted on October 28, 2020, TB skin test completed on December 4, 2020.  Resident #4, admitted on November 4, 2020, TB skin test completed on December 5, 2020.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Completion Date
		ĺ

	Date
\$11-98-12 Minimum standards for licensure; services. (2) Individual records shall be kept on each resident which contain the following:  A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;  FINDINGS  Resident #1, admitted on October 22, 2020, tuberculosis (TB) skin test completed on December 4, 2020. Resident #2, admitted on October 28, 2020, TB skin test completed on December 4, 2020. Resident #4, admitted on November 4, 2020, TB skin test completed on December 5, 2020. The Case Manager and/or TLP Intake responsible that all requirements have	N YOUR FUTURE O ENSURE THAT AGAIN? created and being ng TB tests and ding dates. e staff will be

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-98-12 Minimum standards for licensure; services. (2) Individual records shall be kept on each resident which contain the following:  A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;  FINDINGS  Resident #3, admitted on October 20, 2020, incomplete TB skin test read on March 21, 2020 (no documented date of administration).	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Resident #3 was discharged before obtaining the 1 step TB clearance as requested. Discharged from TLP on 12/30/20.	12/30/20

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-12 Minimum standards for licensure; services. (2) Individual records shall be kept on each resident which contain the following:  A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;  FINDINGS  Resident #3, admitted on October 20, 2020, incomplete TB skin test read on March 21, 2020 (no documented date of administration).	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Upon intake into the TLP, the Case Manager will review all TB clearances to ensure that both the administration and read dates are documented correctly. If information is missing or inaccurate, Case Manager will schedule client for a chest x-ray for temporary entry into TLP. A skin test will also be scheduled and completed within 5 days of entry into the TLP. Documentation of the scheduled tests will be made in the client's electronic health record.  Due to difficulty scheduling chest x-rays and skin tests, we are looking at alternative options. We will continue to review and update our policies as needed.	1/27/21 and on-going

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-12 Minimum standards for licensure; services. (5) Individual records shall be kept on each resident which contain the following:	PART 1	
Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;		
FINDINGS Resident #2, admitted on October 28, 2020. Physician was consulted/notified of admission on November 17, 2020.		
	Correcting the deficiency after-the-fact is not	
	practical/appropriate. For this deficiency, only a future	
	plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Individual record contain the follow Documentation the days of admission injuries;  FINDINGS Resident #2, adm	s shall be kept on each resident which ving:  nat a physician was consulted within five as well as for all significant illnesses and litted on October 28, 2020. Physician was d of admission on November 17, 2020.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  A TLP admissions checklist has been created and being used to track all requirements including TB tests and physicals, along with their corresponding dates.  The Case Manager and/or TLP Intake staff will be responsible that all requirements have been met.	1/1/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.  FINDINGS  Metal stem thermometer read 100°F, while digital thermometer read 83°F at room temperature.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  A new metal stem thermometer was purchased and placed in kitchen drawer.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.  FINDINGS  Metal stem thermometer read 100°F, while digital thermometer read 83°F at room temperature.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	12/18/2020
	Quarterly site audits will continue to ensure that all thermometers are in working order and present.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.  FINDINGS  Resident bedroom #1 – three (3) beds in one bedroom were less than three (3) feet apart.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  This deficiency has been corrected. We will be installing bunk beds to comply with the 3 feet requirement.	3/12/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.	PART 2 <u>FUTURE PLAN</u>	
FINDINGS  Resident bedroom #1 – three (3) beds in one bedroom were less than three (3) feet apart.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	We will work with our Facilities Manager to ensure that client beds are 3 feet apart within each bedroom. We will have a final layout made so that we are in compliance. We are looking into other options such as bunk beds to meet this requirement.	
		03/31/2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.  FINDINGS Resident pillows – no pliable plastic pillow protectors.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  These plastic pillow protectors have been purchased and distributed to each house, for each pillow.	

<u> </u>	ipletion Date
S11-98-14 Physical facility. (c)	1/2020 on

Licensee's/Administrator's Signature:	mm	
Print Name: <u>+</u>	Hannah Preston-Pita	
Date:	1/28/2001	

Licensee's/Administrator's Signature:	Mma
Print Name:	Hannah Preston-Pita, CEO
Date:	3/3/2021